

 <p>DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p align="center">Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	FOR AGENCY USE ONLY 119	
		Date Received 04-JAN-2001	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____
OWNER INFORMATION (Type or Print)		Reference No. 877375	
[Redacted] 664196		Work Number [Redacted]	Home Number _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 1MELM6537TK609116	Vehicle Mak MERCURY	Vehicle Mode MYSTIQUE	Vehicle Year 1996	Current Odometer Reading _____
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Siz (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio	
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Ant lock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Contro <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Trai <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Truck		

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 02113000	Part Name(s) SUSPENSION:INDEPENDENT FRONT ATTACHING MECHANISMS:S	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures _____	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION					
(Please describe in detail the incident(s), failure(s), crash(es), and injury(es) on the back of this form)					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured _____	Number of Fatalities _____	Estimated Property Damag _____	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
<p>CONSUMER CONTACTED DEALER IN REFERENCE TO MANUFACTURER'S RECALL 98M04, NHTSA RECALL NUMBER NOT AVAILABLE. DEALER REFUSED TO CORRECT RECALL PROBLEM. PLEASE PROVIDE ANY FRUTHER DETAILS. *AK</p>

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974—Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

<p style="text-align: center;">DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 119</p> <p>Date Recalled: <u>04 JAN 2001</u> OFFICE TS INVESTIGA</p> <p>Od or ri or od or up or</p> <p>Reference No: <u>877378</u></p> <p>Work Num: <u>[REDACTED]</u> Home Num: <u>[REDACTED]</u></p>
<p style="text-align: center;">OWNER INFORMATION (Type or Print)</p> <p>[REDACTED] 664196</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner: [REDACTED] Date: 02/09/01

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 1MELM6537TK609116	Vehicle Make MERCURY	Vehicle Model MYSTIQUE	Vehicle Year 1996	Current Odometer Reading 62,102	
Purchase Date	Dealer's Name <u>Deacon Lincoln Mercury</u>		Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>Christiansburg</u> State <u>VA</u> Zip Code _____		No Cylinders <u>6</u>		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport UT <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____
Body Style <input checked="" type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____					

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 02113000	Part Name(s) SUSPENSION:INDEPENDENT FRONT ATTACHING MECHANISMS:S	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</small>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER CONTACTED DEALER IN REFERENCE TO MANUFACTURER'S RECALL 98M04, NHTSA RECALL NUMBER NOT AVAILABLE. DEALER REFUSED TO CORRECT RECALL PROBLEM. PLEASE PROVIDE ANY FRUTHER DETAILS. *AK (See attached letter)

A. R. O'Neill, Director
Vehicle Service and Programs
Ford Customer Assistance Center
P. O. Box 6248
Dearborn, Michigan 48121

Dear Sir:

I recently received your letter regarding recall(s) on my Mercury Mystique (1996), serial #1MELM6537TK609116: recall number 99S14 - Headlight Switch Connector.

The following has been done regarding this; I had taken my car in for checks on the recalls and was told all was okay and the Dealer requested that I give him all the letters that I had received. I failed to make a copy of these letters so I had no proof of them. As soon as I left the dealership, I started experiencing problems with my lights. Since I did not have the letters, I was not aware that this was a recall problem. This was a problem that happened periodically and I just thought I was somehow turning a knob that shouldn't be turned as each time I started to take the car to a mechanic the problem was not there any longer. However, in December of 2000, I had taken my granddaughter to the dentist and was in Holiday traffic at night and my instrument lights went out. I noticed that people behind me kept blinking their headlights at me and I did not know why. This time the lights never came back on regardless of what knobs I turned. I took the car to a mechanic and I was told I did not have tail lights either. I had to travel 250 miles to a funeral and had to make other arrangements since I could not take my car. When I returned the mechanic told me that he had not fixed my car since it was a recall problem. I then took my car back to the dealership and explained the problems I had experienced; they were very nice and immediately made the correction.

NOW I have another concern and that is the reason I am writing this letter. When I took the car in for recall #99S14 I discovered there are other outstanding recalls and one of them is giving me great fear when I drive my car. This is the recall regarding the Coil Spring. The number given me by a call I made to Ford is 98M04. I was told by a Ford representative that unless the spring is corroded or breaks that there is nothing that can be done to correct the problem. Now, my question is this: if I am going down the highway at 65 to 70 miles per hour and the spring breaks, don't you think this may be a little late to fix the problem. This is the vehicle that I use for travel in which I usually have my 8 year old granddaughter, my daughter and my 90 year old father. Also I am a widow and unless my family is with me I travel alone which is not a safe feeling to be on the highway broken or broken down. I expressed my concern to the Ford representative and they were very nice but stated again they could not fix it if it was not broke. I asked for the number for the National Highway Traffic Safety Administration and have called them regarding this concern. I was asked for the letters I had received regarding the recalls and of course I did not have them as I had given them to the Ford Dealership on my first visit. I have received a Questionnaire from the U. S. Department of Transportation to which I will respond along with sending them a copy of this letter.

I do not know what the other recalls are, one which I am vaguely familiar has something to do with the heater. Also I would like to know when my car was manufactured as I read in the newspaper that there is a problem with this model of car which was manufactured up through December of 1995. Since this is a 1996 Mystique it could fit in this category.

On a good note, we have always been a Ford family and would like to stay that way. Any help or information you can give me in this matter would be greatly appreciated. The Dealer is Duncan Lincoln and Mercury in Christiansburg (formally Unionville) (VA). They also told me they did not fix the problem unless it is broke.

Discreetly

(01-23-01)